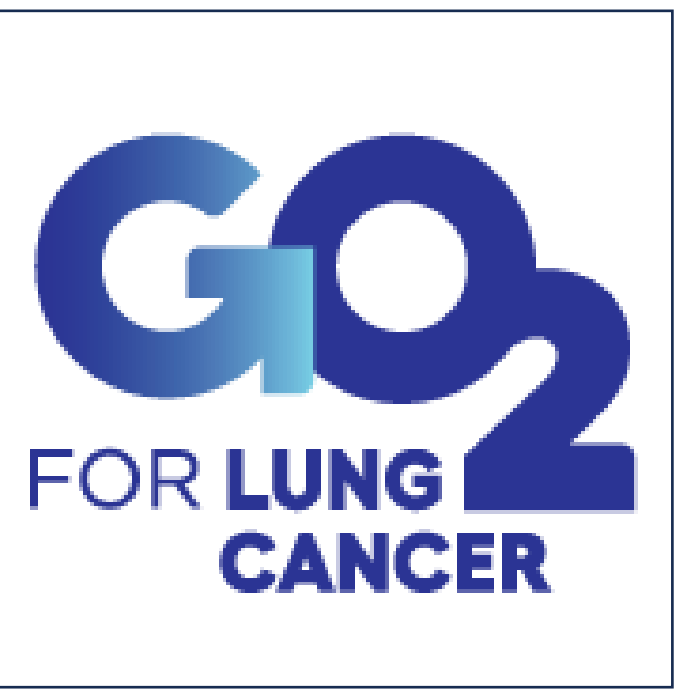




P2.304-390: Integrating Restorative Practices to Enhance Shared Decision-Making and Lung Cancer Screening Uptake in Black Communities

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INTRODUCTION

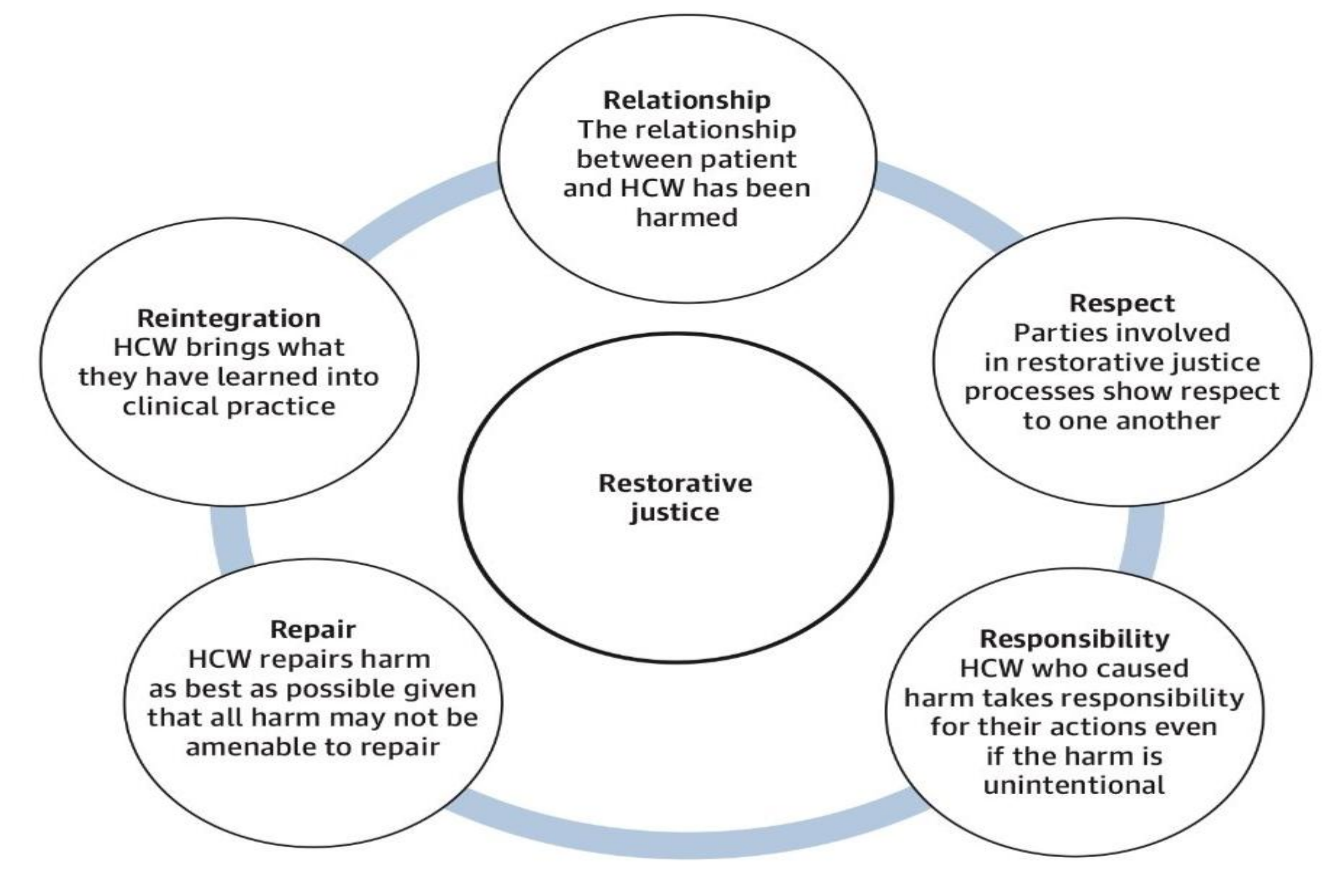
- Lung cancer is the leading cause of cancer mortality in the United States, yet lung cancer screening (LCS) uptake remains disproportionately low among eligible Black individuals.
- Systemic racism, structural inequities, and longstanding medical mistrust create barriers to engagement with preventive health services.
- Although shared decision-making (SDM) is a required component of LCS reimbursement in the United States, these encounters are often brief and transactional, rarely addressing historical harm, trust, or the structural barriers that shape screening decisions.

PURPOSE

- To assess the feasibility and acceptability of SDM Circles, a restorative justice–informed, community-engaged model that reframes lung cancer screening conversations as opportunities for trust-building, healing, and empowerment.



Using the 5R’s of Restorative Justice to Address Anti-Black Racism in Health Care Workers (HCW)



METHODS

Design	Single-arm, mixed-methods pilot evaluating feasibility, acceptability, and preliminary outcomes.
Setting	Seattle and the greater Puget Sound tri-county region (King, Pierce, Snohomish).
Participants	Black individuals eligible or potentially eligible for LCS (n ≈ 30–45 across three cohorts).
Community Advisory Board (CAB)	8–12 members representing patients and community-based organizations guide development, recruitment, and implementation.
Frameworks	Community-Based Participatory Research (CBPR). Public Health Critical Race Praxis (PHCRP).
Intervention	Restorative justice–based SDM Circles supporting dialogue on lung cancer risk, screening, and healthcare experiences, informed by community input.
Evaluation	Pre and post-intervention surveys of knowledge, attitudes, and screening intentions; qualitative interviews on experience and acceptability. Follow-up at approximately 90 days.

ANTICIPATED RESULTS

Feasibility	Knowledge and Attitudes	Screening Intentions	Implementation Insights	Acceptability
Recruitment, enrollment, And retention Across three SDM circle cohorts	Pre and post circle change in LCS knowledge and perceived risk	Intention to screen after participation and status at 90-day follow-up	CAB and focus group feedback to refine materials, outreach, and facilitation	Participant experience of restorative dialogue and cultural responsiveness

DISCUSSION AND CONCLUSION

Actionable Take-Away

Shared decision-making can be reimagined as a restorative, community-led process. Embedding restorative dialogue into SDM creates space to name historical harm, rebuild trust, and support genuinely informed screening decisions — rather than satisfying a documentation requirement.

Future Directions

Findings will inform a scalable, community-informed SDM model that reduces structural barriers and advances equitable access to early lung cancer detection, with potential adaptation to other screening settings and communities.

REFERENCES & ACKNOWLEDGEMENTS

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